

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5																																		
1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE07-00-D-M001			2. DELIVERY ORDER/CALL NO. 0219		3. DATE OF ORDER/CALL (YYYYMMDD) 2003MAY15		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4																																			
6. ISSUED BY TACOM AMSTA-AQ-ALEC BRIAN CORRIGAN (586) 574-8227 WARREN, MICHIGAN 48397-5000 EMAIL: CORRIGANB@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE W56HZV 7. ADMINISTERED BY (If other than 6) DCMA BIRMINGHAM BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376		CODE S0101A C NONE HQ0338		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)																																					
9. CONTRACTOR CAMBER CORPORATION 635 DISCOVERY DRIVE HUNTSVILLE, AL 35806 NAME AND ADDRESS TYPE BUSINESS: Large Business Performing in U.S.			CODE OMWW4 FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE 12. DISCOUNT TERMS 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED																																				
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264			CODE HQ0338 MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">16. TYPE OF ORDER</td> <td style="width: 10%; text-align: center; vertical-align: middle;">DELIVERY/ CALL</td> <td style="width: 5%; text-align: center; vertical-align: middle;">X</td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">PURCHASE</td> <td colspan="10" style="padding: 5px;"> Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. _____ furnish the following on terms specified herein. </td> </tr> <tr> <td colspan="10" style="padding: 5px;"> ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. </td> </tr> </table>												16. TYPE OF ORDER	DELIVERY/ CALL	X	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									PURCHASE	Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. _____ furnish the following on terms specified herein.										ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
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<table style="width:100%;"> <tr> <td style="width: 25%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width: 25%; text-align: center;">SIGNATURE</td> <td style="width: 25%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width: 25%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> </table> <div style="margin-top: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)																													
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17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE																																												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT																																		
		SEE SCHEDULE CONTRACT TYPE: Cost-Plus-Fixed-Fee KIND OF CONTRACT: System Acquisition Contracts																																										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA JUDITH K. BUSH /SIGNED/ BUSHAJ@TACOM.ARMY.MIL (586) 574-7041 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$96,720.63 26. DIFFERENCES																																		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____																																												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE																																					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL																																	
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER																																			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.									35. BILL OF LADING NO.																																			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS																																	
41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		43. S/R ACCOUNT NUMBER		44. S/R VOUCHER NO.		45. S/R ACCOUNT NUMBER		46. S/R VOUCHER NO.																																		

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0219 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

SUPPLEMENTAL INFORMATION

PROGRAM:	OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES
CONTRACT:	DAAE07-00-D-M001/0219 OPT YR 4
PURPOSE OF ORDER:	332 hours of support for PM MTV
TOTAL AMOUNT:	\$96,720.63

1. This action is Task Order number 0219 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to provide for 332 hours pursuant to Special Provisions H.1.3. This order will provide for a study of the FMTV HTI program.
3. This is a unilateral order for 332 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$96,720.63. This includes \$96,525.75 cost and \$194.88 fixed fee.
4. The Contractor shall perform this order 0219 in accordance with the Scope of Work in Section C and Work Directive CAM-0219.
5. The period of performance is from date of award through 31 Jul 03.
6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

- a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
- b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: CAMBER CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	SECURITY CLASS: Unclassified				
0001AA	<div>SERVICES LINE ITEM</div> <div>NOUN: FMTV-CAM-219, ARMOR KIT VAN PRON: J035X655J0 PRON AMD: 01 ACRN: AA AMS CD: 51106866007</div> <div>NOUN: To provide a study of the FMTV HTI Program</div> <div>Level of Effort: 332 man hours</div> <div>WD: CAM-0219</div> <div>Estimated Cost: \$96,525.75 Fixed Fee: \$194.88 Total Estimated Cost: \$96,720.63</div> <div>(End of narrative B001)</div> <div>Inspection and Acceptance INSPECTION: Origin ACCEPTANCE: Origin</div> <div>Deliveries or Performance DLVR SCH PERFORM COMPL REL CD QUANTITY DATE 001 0 31-JUL-2003</div> <div>\$ 96,720.63</div>				\$ 96,720.63

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0219 MOD/AMD	Page 4 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-0219 is date of award thru 31 Jul 03.

*** END OF NARRATIVE F 001 ***

CONTINUATION SHEET**Reference No. of Document Being Continued**

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PIIN/SIIN DAAE07-00-D-M001/0219

MOD/AMD

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

										JOB			
LINE	PRON/	OBLG								ORDER	ACCOUNTING	OBLIGATED	
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION						NUMBER	STATION	AMOUNT	
0001AA	J035X655J0	AA	2	21	32035000031C1C02P5110682516	S20113				3SMTJ0	W56HZV	\$	96,720.63
51106866007													
											TOTAL	\$	96,720.63

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	21	32035000031C1C02P5110682516	S20113		W56HZV	\$ <u>96,720.63</u>
						TOTAL	\$ 96,720.63